

FEDERAL SECURITY AGENCY
SOCIAL SECURITY BOARD

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

IN REPLYING, ADDRESS: SOCIAL SECURITY BOARD
FIELD OFFICE
~~1200 BUREAU~~
~~MARSHALLVILLE~~

Newark, N. J.
December 7, 1942

Brooklyn Eagles Baseball Club, Inc.
101 Montgomery Street
Newark, N. J.

Ulysses Daniel (Joe) Brown
Name of Wage Earner

[REDACTED]
Account Number

Gentlemen:

A claim for insurance payments under the Social Security Act, based upon wages paid to the above-named individual, has been presented to this office. Information is desired with regard to wages which you paid to this individual for the periods indicated on the enclosed form.

Your kind cooperation in filling out and returning this Statement of Employer for those periods indicated will be greatly appreciated and will assist considerably in the prompt determination of the claim. The enclosed envelope, which requires no postage, may be used for its return to this office.

Very truly yours,

John L. Shields
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Manager

Enclosures

P.S. Kindly give us a breakdown by quarters of 1937 wages paid the above wage earner.

June 1 - 50 w
15 - 50 w
July 1 - 50 w
15 - 50 w
Aug 1 - 50 w
15 - 50 w
Sep 1 - 50 w
15 - 50 w

W-2-45-7

